

ture of sugar, the production of rubber, may at any time suffer enormously from the lack of the proper exercise of known health prevention in the protection of these industries. The proper safeguarding against the invasion of scale, boll weevil, or termites may save millions of dollars. The greatest source of scientific knowledge in this field is found in tropical medicine. Air transportation has added another enormously vital precaution to public health institutions.

I think this question is certainly vital enough to be a matter of consideration for the California Medical Association Council and also of a place on the program of the State Association during this coming year.

JOHN V. BARROW, Los Angeles.

CALIFORNIA MEDICAL HISTORY

CALIFORNIA MEDICAL ASSOCIATION CLINICAL AND RESEARCH PRIZES

Members of the California Medical Association from time to time have had their attention called to the two prizes for one hundred and fifty dollars each, which since the year 1926 have been offered by the Association for the two best papers presented at each annual session in the clinical and research prize competitions. In this issue of CALIFORNIA AND WESTERN MEDICINE the revised rules for entrants for these prizes are commented upon. (See editorial comment on page 380, and official notices on page 386.)

As a matter of historical record and as showing the nature of the subjects which, from the time the prizes were instituted at the annual session of 1926, have been awarded prizes or honorable mention, the following listing for the information of members is here inserted:

STATE MEDICINE

Copies of some interesting correspondence dealing with the subject of "State Medicine," with special reference to the system in vogue in Great Britain, were printed in the September 17, 1931 number of the *New England Journal of Medicine*. The excerpts given below were from a letter written by Alfred Cox, medical secretary of the British Medical Association:

"I have never failed to impress upon American visitors my feeling that some extension of state medicine is bound to come in the United States and that the present depression will hasten it. Moreover, I am more strongly than ever of the opinion that it is up to the medical profession to furnish concrete ideas as to how this service should be given and not to wait until the politicians make a scheme of their own and force it on the profession. Our experience in England showed that the work we did on contract practice before the Insurance Act was introduced was invaluable, because it focused our ideas and made us more able than we should otherwise have been to put up a fight when the politicians came along with a scheme which we felt would be intolerable if put into action.

"Now as regards Doctor Dameshek's statements: I do not know that I have much to add to what I said in my papers in 1923. Our system on the whole has stood the test pretty well, except for one thing which is common to all systems of state medicine that I know of. The provision of cash benefits on an insurance basis, combined with the provision of medical attendance, seems always to lead to a lowering of the morale of the persons insured, or at any rate a tendency to get sick more easily. When I was a Club doctor in an industrial area it was a common experience to find that members of the Club, realizing that it was a mutual insurance affair, were generally most anxious not to make a claim on the funds if they could help it; but one sees no such reluctance now. The action of our Government and other Governments in giving considerable subsidies to people out of work has made them less self-reliant and more inclined to look for sources of easy income, and in this softening of the morale the medical profession has not been left untouched. It takes a strong man to resist an appeal for a certificate from a person who cannot be said to be malingering but who, the doctor feels, might, if he would muster up a little resolution, go on working with benefit to himself. And so you have the painful problem of a steady increase in the demands for the cash benefits which can only be secured on the production of a medical certificate. This is the problem which is worrying us most now and which we are doing our best to solve by instituting disciplinary procedure against men who are

List of Clinical and Research Prize Papers—California Medical Association

Year Given	Name of Author	City	Topic	Clinical, Research or Honorable mention
1926	E. Bogen	Los Angeles	Arachnidism—A Study of Spider Poisoning	Clinical prize
1926	A. H. Rowe and H. Rogers	Oakland	A Study of Carbohydrate Tolerance in Normal and Nondiabetics	Honorable mention (Research prize)
1927	E. Bogen	Los Angeles	Diagnosis of Drunkenness	Research prize
1928	W. H. Leake	Los Angeles	An Electrocardiographic Study of the Effect of Emetin on the Rabbit's Heart	Research prize
1928	C. B. Courville	Loma Linda	A Study in the Pathological Physiology of Intracranial Neoplasms	Clinical prize
1929	(No awards given)
1930	E. Bogen	Los Angeles	Pulmonary Hemorrhage	Clinical prize
1930	H. J. Hara	Los Angeles	Comparative Merits of Posture and Other Factors in Relation to Aspiration in Tonsillectomy	Research prize
1930	Mary Neff	Los Angeles	The Radicular Syndrome Following Infection with Tetanus	Honorable mention (Clinical prize)
1930	T. L. Althausen	San Francisco	Functional Aspects of Regenerated Hepatic Tissue	Honorable mention (Research prize)
1931	Eleanor Seymour	Los Angeles	Incidental Head Surgery—Its Effects on the Course of Pulmonary Tuberculosis	Clinical prize
1931	Esther Somerfeld and E. Ziskind	Los Angeles	Meningeal Allergy in Tuberculosis	Research prize
1931	S. Hanson	Stockton	The Narrow Bispinous Diameter	Honorable mention (Clinical prize)

proved to be slack in this matter of certification. The machinery has not come into operation yet, but it will do so shortly and one hopes that the very fact of its existence will be a warning to that minority who give certificates too easily.

"Of course, the out-and-out supporter of state medicine will say that if the doctor were on a salary and had no direct obligation to the patient he would not be so easy about giving certificates, but this I doubt. And even if such a system did succeed in making the doctor more strict as regards his certificates it would, in my opinion, tend to make him less of a human being dealing with human beings and more of an official dealing with people in the mass, a position which I, as a potential patient, cannot contemplate for a moment with equanimity.

"I still think the ideal method of getting medical attendance is to choose your doctor for yourself and pay him out of your own pocket, getting rid of him if he is not satisfactory. But experience all the world over shows that this ideal cannot be realized and on the whole I think the insurance system, where the insured person has to pay regularly out of his wages and knows he is paying; where he is allowed to choose his doctor from the list of the men willing to serve; and where the doctor is left free to do private practice among those who prefer to pay by the old method, is the best compromise we can get. I am as firmly opposed as ever I was to a complete state service. No doctor, it seems to me, can be a good doctor unless he is an individualist, and as a patient I do not want to be regarded as a member of a regiment, to be made fit to work as quickly as possible and with no waste of sympathy when I am ill. We have a complete state system in the Army, and men who have been there will tell you that it is all very good when you are really ill and require hospital treatment, but if you are suffering from something smaller which needs humane handling and a little human sympathy, you are not likely to get it because you are not regarded as an individual patient who has gone to the doctor he thinks is the best man for him, but as part of a crowd. . . .

"In some of the continental systems the politician has, of course, made life almost unendurable for the doctors. In Austria, at one time, when the socialists were in power, I am told that the Roman Catholic doctors were deprived of their insurance work; and when the Catholics came into power the socialist doctors were turned out. Heaven help us when the provision of medical attendance, a thing of such particular personal import to every individual, becomes the plaything of the politician. . . .

"I say nothing about Doctor Dameshek's examination of the position in Germany. I know the system there is very bad and the doctors very discontented. But the German system has never been so good as ours; inasmuch as it has been far more the plaything of the politician than ours has been, and the organized profession has had much less to do with the administration of the medical part of the system. . . .

"As the secretary of a medical organization with a great experience in these matters, I would with all my force urge similar medical organizations throughout the world not to shut their eyes to the developments that are going on and not to leave the politician to find the answer to the problem 'how are we to insure that our working population can get the medical attendance it deserves on terms which it can afford, and in a way which a self-respecting citizen, not desiring charity, can accept.'"

TWENTY-FIVE YEARS AGO*

EXCERPTS FROM OUR STATE MEDICAL JOURNAL

Volume IV, No. 11, November 1906

From some editorial notes:

Four Years of Life.—In this present month of November, just four years ago, the first number of the *California State Journal of Medicine*, your own journal, made its appearance. We ask you to go back, in your mind, these four years and recall what they have meant to all of us. The starting of the *Journal* was entirely an experiment. The State Society had just reorganized, after much discussion and not little difficulty, and the plan of basing membership upon, and having it carried with, membership in a county society was new and untried. Before reorganization, the State Society had about three hundred members; immediately after the new plan was adopted and for months it had but few more. There were very few county societies in the State and most of those in

existence were more theoretical than animate. Such was the condition of things when the *Journal* was born. Naturally, it had few friends and a not inconsiderable number of enemies; would it live? Fortunately the friends which it had were not only strong, but loyal, and they fought its fight, and your fight—for it is your *Journal*—nobly and well. Sacrifices were made during those first months of which you have never heard and will never know; but the *Journal* lived and thrived; at first slowly, then more sturdily. . . . Now, after four years, the State Society has a membership, through its affiliated societies, of close upon two thousand physicians, and the *Journal* is established on a sound business basis which not even the catastrophe of last April could destroy, though it demolished the inflammable superstructure. It would seem that, in numbers and in machinery and in means for expression and communication, we have, in the State Society, the fundamental elements for an organization. . . .

Are We Doing All We Should?— . . . But is the attitude of our profession toward the people in this State all that it should be—all that we should make it? Does the organization for the formation of which some of our members have worked so hard and so faithfully really amount to what it should by virtue of its numbers and the standing of its individual members? . . .

Good Advice.— . . . Two years ago last April, at the meeting of the society for 1904, the then president, in his address, placed before us very clearly some essential truths. Have we remembered them or are they already forgotten?

"For a doctor to neglect personal attention to civic and political problems is selfish and unjustifiable. His educational advantages, his specific knowledge of sanitary requirements, his trained judgment, his self-restraint and poise in responsible situations, his familiarity with the vagaries of human nature, and the respect shown him by his fellow citizens, make him eminently qualified for executive work, and even leadership in civic affairs. The man of education, brains, and capability owes a certain part of his day to the community in which he lives, and to the associations with which his personal success and happiness are due. If he does not give it he is not doing his full duty to mankind. The greater the advantages he possesses the greater the call to serve his fellow man. Few men, as a class, have a greater personal capacity than physicians. Therefore, few owe more to the State."

Are we paying this, our debt to the commonwealth in which we live and in which we find "our personal success and happiness," honestly and fully and conscientiously? . . .

Some of Our Duties.— . . . We do not have to search for civic and professional duties to perform, nor for ways in which the potential strength which is in us should be brought out and directed. The people need guiding, educating, protecting; and it is through our societies and the individual members of them that this strength of our profession should be made manifest. . . .

Board of Examiners.— . . . A member of the Board of Medical Examiners in report to the society last April called attention to this subject in a most direct and forceful manner, and we bespeak your attention to his words, to be found elsewhere in this number. Certain amendments to our present law are required; can we venture to ask the legislature for them without the fear that, the door once opened for amendments, we can keep out any extraneous and undesirable ones? . . .

From an article on "Thorough Organization the Present Need of the Medical Profession" by George H. Aitken, M.D., Fresno.

The old adage, "In union is strength," was never better exemplified than in the great industrial and

* This column strives to mirror the work and aims of colleagues who bore the brunt of state society work some twenty-five years ago. It is hoped that such presentation will be of interest to both old and recent members.